



2013 Arizona ATS Test

Test: 400-00-7503

Form: 140A

Description: Single, Retired with Retirement Income, Interest & a Balance Due

Forms used

Form 140A, 1099-R (1)

Other

Income Information

	<u>Total</u>	<u>Arizona</u>
Retirement from 1099-R Form	16,000	16,000
Taxable Interest	11,100	11,100
Federal AGI	27,100	

Deductions and Adjustments

	<u>Total</u>	<u>Arizona</u>
AZ Standard Deduction		4,945

Preparer Information

Name = Kathleen Taxpro

Firm = H&R Block

Address = 599 Thunderbird Blvd, Dublin OH 43017

Phone = 614-659-1505

EIN = 43-1632899

Arizona Form 140A Resident Personal Income Tax Return (Short Form)

FOR
CALENDAR YEAR

2013



If your Arizona **taxable income** is \$50,000 or more, you **must** use Arizona Form 140.

82F ☐ Check box 82F if filing under extension

1 Your First Name and Middle Initial RETIRED	Last Name INTEREST-EARNER	Enter your SSN(s).	Your Social Security No. 400- 00 - 7503
1 Spouse's First Name and Middle Initial (if box 4 or 6 checked)	Last Name		Spouse's Social Security No.
2 Current Home Address - number and street, rural route 222 MONEY STREET		Apt. No.	Daytime Phone (with area code) 94 (602) 223-4567
3 City, Town or Post Office PHOENIX	State AZ	ZIP Code 85018	Last Names Used in Prior Years

EXEMPTIONS FILING STATUS	4 <input type="checkbox"/> Married filing joint return	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88		
	5 <input type="checkbox"/> Head of household - Enter name of qualifying child or dependent on next line: _____			
	6 <input type="checkbox"/> Married filing separate return. Enter spouse's name and Social Security No. above.			
	7 <input checked="" type="checkbox"/> Single			
	↓ Enter the number claimed. Do not put a check mark.			
	8 1 Age 65 or over (you and/or spouse)			81 PM
9 <input type="checkbox"/> Blind (you and/or spouse)				
10 <input type="checkbox"/> Dependents. From page 2, line A2 - do not include self or spouse.				
11 <input type="checkbox"/> Qualifying parents and grandparents. From page 2, line A5.				

12 Federal adjusted gross income (from your federal return)	12	27,100	00
13 Exemption - Age 65 or over: Multiply the number in box 8 by \$2,100	13	2,100	00
14 Exemption - Blind: Multiply the number in box 9 by \$1,500	14		00
15 Exemption - Dependents: Multiply the number in box 10 by \$2,300	15		00
16 Exemption - Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	16		00
17 Total subtractions: Add lines 13 through 16	17	2,100	00
18 Arizona adjusted gross income: Subtract line 17 from line 12	18	25,000	00
19 Standard deduction: If you checked filing status box 4 or 5, enter \$9,883. If you checked box 6 or 7, enter \$4,945.	19	4,945	00
20 Personal exemptions. See pages 6 and 7 of the instructions	20	2,100	00
21 Arizona taxable income: Subtract lines 19 and 20 from line 18. If less than zero, enter zero. If \$50,000 or more, use Form 140 .	21	17,955	00
22 Amount of tax from Optional Tax Tables	22	489	00
23 Family income tax credit (from worksheet on page 8 of the instructions)	23		00
24 Balance of tax: Subtract line 23 from line 22. If less than zero, enter zero	24	489	00
25 Arizona income tax withheld during 2013	25		00
26 2013 Arizona extension payment (Form 204)	26		00
27 Increased Excise Tax Credit (from worksheet on page 9 of the instructions)	27		00
28 Property Tax Credit (from Form 140PTC)	28		00
29 Total payments/credits: Add lines 25 through 28	29		00
30 TAX DUE: If line 24 is larger than line 29, subtract line 29 from line 24, and enter amount of tax due. Skip line 31	30		00
31 OVERPAYMENT: If line 29 is larger than line 24, subtract line 24 from line 29, and enter the amount of overpayment	31	489	00

32 - 41 Voluntary Gifts to:			
Solutions Teams Assigned to School..	32		00
Child Abuse Prevention	34		00
I Didn't Pay Enough Fund	36		00
Neighbors Helping Neighbors	38		00
Veterans' Donations Fund	40		00
Arizona Wildlife	33		00
Domestic Violence Shelter	35		00
National Guard Relief Fund	37		00
Special Olympics	39		00
Political Gift	41		00
42 Voluntary Political Gift (check only one): 421 <input type="checkbox"/> Americans Elect 422 <input type="checkbox"/> Democratic 423 <input type="checkbox"/> Green 424 <input type="checkbox"/> Libertarian 425 <input type="checkbox"/> Republican			
43 Total voluntary gifts: Add lines 32 through 41	43		00
44 REFUND: Subtract line 43 from line 31. If less than zero, enter amount owed on line 45	44		00
Direct Deposit of Refund: Check box 44A if your deposit will be ultimately placed in a foreign account; see instructions. 44A <input type="checkbox"/>			
98 ROUTING NUMBER	ACCOUNT NUMBER		C <input type="checkbox"/> Checking or S <input type="checkbox"/> Savings
45 AMOUNT OWED: Add lines 30 and 43. Make check payable to Arizona Department of Revenue; include SSN on payment. ..	45	489	00



PLEASE BE SURE TO SIGN THE RETURN ON THE REVERSE SIDE OF THIS PAGE.

Your Name (as shown on page 1) <div style="text-align: center; font-weight: bold;">RETIRED INTEREST-EARNER</div>	Your Social Security No. <div style="text-align: center; font-weight: bold;">400-00-7503</div>
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PART A: Dependents, Qualifying Parents and Grandparents – do not list yourself or spouse

A1 List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED
			IN YOUR HOME IN 2013

A2 Enter total number of persons listed in A1 here and on the front of this form, box 10 TOTAL **A2**

A3 a Enter the names of the dependents listed above who do not qualify as your dependent on your federal return. See page 6 of the instructions.

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b Enter dependents listed above who were not claimed on your federal return due to education credits:

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A4 List qualifying parents and grandparents. If more space is needed, attach a separate sheet.

You cannot list the same person here and also on line A1. For information on who is a qualifying parent or grandparent, see page 6 of the instructions.

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	NO. OF MONTHS LIVED
			IN YOUR HOME IN 2013

A5 Enter total number of persons listed in A4 here and on the front of this form, box 11 TOTAL **A5**

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE	<div style="display: flex; justify-content: space-between;"> → YOUR SIGNATURE DATE </div>	<div style="text-align: center; font-weight: bold;">RETIRED</div>	<div style="display: flex; justify-content: space-between;"> OCCUPATION </div>
	<div style="display: flex; justify-content: space-between;"> → SPOUSE'S SIGNATURE DATE </div>	<div style="display: flex; justify-content: space-between;"> SPOUSE'S OCCUPATION </div>	
	<div style="font-weight: bold;">H&R BLOCK</div>		
	<div style="display: flex; justify-content: space-between;"> PAID PREPARER'S SIGNATURE DATE </div>	<div style="display: flex; justify-content: space-between;"> FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) </div>	
	<div style="display: flex; justify-content: space-between;"> 599 THUNDERBIRD BLVD P77777777 </div>		<div style="display: flex; justify-content: space-between;"> PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN </div>
	<div style="display: flex; justify-content: space-between;"> DUBLIN OH 43017 (614) 659-1505 </div>		<div style="display: flex; justify-content: space-between;"> PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NO. </div>

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, province or state, country, and ZIP or foreign postal code DAGWOOD & BLONDIE'S SANDWICH JOINT 123 BLUEBIRD CIRCLE BETHLEHEM PA 40007		1 Gross distribution \$		OMB No. 1545-0119 2013		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.			
		2a Taxable amount \$		Form 1099-R					
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>					
PAYER'S federal identification number 61-6737342		RECIPIENT'S identification number 400-00-7503		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		Copy 1 For State, City, or Local Tax Department	
RECIPIENT'S name RETIRED INTEREST-EARNER Street address (including apt. no.) 222 MONEY STREET City or town, province or state, country, and ZIP or foreign postal code PHOENIX, AZ 85018		5 Employee contributions /Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$					
		7 Distribution code(s) IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other \$ %					
		9a Your percentage of total distribution %		9b Total employee contributions \$					
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 State tax withheld \$		13 State/Payer's state no. AZ/61-6737342		14 State distribution \$ 16,000.00	
Account number (see instructions)		15 Local tax withheld \$		16 Name of locality		17 Local distribution \$			

Form **1099-R**

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service